

Part B - General Permit Registration Form for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)

Please complete this form in accordance with the general permit (DEP-PED-GP-021) in order to ensure the proper handling of your registration. Print or type unless otherwise noted.

| DEP USE ONLY |
|-----------------|
| Application No. |
| Permit No. |
| Town I.D. |

Part I: Registrant Information

| 1. | Name of Town/City: | And Official (CEO) or Principal Executive Officer (PEO): Title: State: Zip Code: ext. Fax: Title: Te are adjacent towns or other entities with which you will be coordinating implementation are Management Plan for a portion of your MS4 (See Section 6(b)(3) of the general el and attach additional sheet(s) with the required information as supplied above. For departmental correspondence and inquiries, if different than the CEO/PEO State: Zip Code: ext. Fax: Title: Title: Or other consultant(s) employed or retained to assist in preparing the registration. Edditional sheets are necessary, and label and attach them to this sheet. | | | | | |
|----|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|--|
| | Name of Chief Elected Official (CEO) or Principal Executive | Officer (PEO): | | | | | |
| | | Title: State: Zip Code: ext. Fax: Title: t towns or other entities with which you will be coordinating implementation of Plan for a portion of your MS4 (See Section 6(b)(3) of the general dditional sheet(s) with the required information as supplied above. tal correspondence and inquiries, if different than the CEO/PEO State: Zip Code: ext. Fax: Title: Ultant(s) employed or retained to assist in preparing the registration. ts are necessary, and label and attach them to this sheet. | | | | | |
| | Mailing Address: | | | | | | |
| | City/Town: | State: | Zip Code: | | | | |
| | Business Phone: | ext. | Fax: | | | | |
| | Contact Person: | Title: | | | | | |
| | of your Stormwater Management Plan for a portion of your | MS4 (See Section | on 6(b)(3) of the general | | | | |
| 2. | List primary contact for departmental correspondence and in | nquiries, if differe | ent than the CEO/PEO | | | | |
| | Name: | | | | | | |
| | Mailing Address: | | | | | | |
| | City/Town: | State: | Zip Code: | | | | |
| | Business Phone: | ext. | Fax: | | | | |
| | E-Mail: | | | | | | |
| | Contact Person: | Title: | | | | | |
| 3. | _ | | | | | | |
| | Check here if additional sheets are necessary, and lab | el and attach the | em to this sheet. | | | | |
| | Name: | | | | | | |
| | Mailing Address: | | | | | | |
| | City/Town: | State: | Zip Code: | | | | |
| | Business Phone: | ext. | Fax: | | | | |
| | E-Mail: | | | | | | |
| | Contact Person: | Title: | | | | | |
| | Service Provided: | | | | | | |

Part II: Site Information

| 1. | • | vity included in your Stormwater Management Plan that would adversely affect properties for listing in the National Register of Historic Places? |
|--------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | rant must be in compliance with requirements of the National Historic Preservation Act nate with the appropriate State Historic Preservation Officer to avoid or minimize impacts arry activities. |
| 2. | | vity included in your Stormwater Management Plan that is located within the coastal ineated on DEP approved coastal boundary maps? |
| | | pplication is for a new authorization or for a modification of an existing permit, you must I Consistency Review Form (DEP-APP-004) with your application as Attachment A. |
| | For forms or ass | istance, please call the Permit Assistance Office at 860-424-3003. |
| 3. | identified as a ha | vity included in your Stormwater Management Plan that is located within an area abitat for endangered, threatened or special concern species as identified on the "State ed Species and Natural Communities Map"? |
| | ☐ Yes ☐ | No Date of Map: |
| | | and submit a Connecticut Natural Diversity Data Base (CT NDDB) Review Request Form to the address specified on the form. |
| | including copies information whic | of this permit application, please include copies of any correspondence to the NDDB, of the completed CT NDDB Review Request Form, any field surveys, and any other h may lead you to believe that endangered or threatened species may or may not be ea of your existing or proposed permitted activity, as Attachment B. |
| | | ey been conducted to determine the presence of any endangered, threatened or special? Yes No If yes, provide: |
| | Biologist's Name | x: |
| | Address: | |
| | and submit a cop | by of the field survey with your application as an Attachment as specified above. |
| Part | t III: Supportii | ng Documents |
| Pleas his a part (| se check the attac application form. V | chments submitted as verification that <i>all</i> applicable attachments have been submitted with When submitting any supporting documents, please label the documents as indicated in this A, etc.) and be sure to include the applicant's name as indicated on the <i>Permit Application</i> |
| | Attachment A: | Coastal Consistency Review Form: Activities within the state's coastal area, which includes the coastal boundary, must be consistent with the Connecticut Coastal Management Act (Sections 22a-90 through 22a-112 CGS). You may be required to complete a <i>Coastal Consistency Review Form</i> (DEP-APP-004) to demonstrate that the activity is consistent with the standards and policies of the Connecticut Coastal Management Act. |
| | Attachment B: | CT NDDB Information: Submit copies of any correspondence provided to or received from the CT NDDB program, including a copy of a completed <i>CT NDDB Request Form</i> (DEP-APP-007) and copies of any field surveys previously conducted to determine the presence of any endangered, threatened or special concern species. |

Part IV: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

| "I have personally examined and am familiar with the information attachments thereto, and I certify that, based on reasonable in individuals responsible for obtaining the information, the submit to the best of my knowledge and belief. | vestigation, including my inquiry of those |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I certify that this permit registration is on complete and accurat without alteration of the text. | e forms as prescribed by the Commissioner |
| I also certify under penalty of law that I have read and understathe Discharge of Stormwater from a Municipal Separate Storm that all requirements for authorization under the general permit ensure that all terms and conditions of this general permit will by this general permit for the municipality. I am aware that ther information, including the possibility of fine and imprisonment for the municipality. | Sewer System issued on January 9, 2004 and are met and that a system is in place to continue to be met for all discharges authorized are significant penalties for submitting false |
| Signature of CEO/PEO or designee | Date |
| [as specified in RCSA Section 22a-430-3(b)(2)(B)] | |
| Name of CEO/PEO or designee (print or type) | Title (if applicable) |
| Signature of Preparer (if different than above) | Date |
| Name of Preparer (print or type) | Title (if applicable) |
| Check here if additional signatures are necessary. If so, please reproduce this sheet and attach signed cop | ies to this sheet. |

Note: Please submit the Registration Form and all Supporting Documents to:

STORMWATER PERMIT COORDINATOR BUREAU OF WATER MANAGEMENT DEPARTMENT OF ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

Part V: Best Management Practice List (BMP)

| ВМР | | Responsible | |
|-----------|----------------------------------------------------------------|--------------------------------|-----------------|
| ID | Public Education | Dept. or Person | Measurable Goal |
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| 1-10 | | | |
| BMP ID | Public Participation | Responsible Dept. or Person | Measurable Goal |
| 2-1 | Develop public involvement/participation program | | |
| 2-2 | Comply with state and local public notice and FOI requirements | | |
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| BMP ID | Illicit Discharge Detection & Elimination | Responsible Dept. or Person | Measurable Goal |
| 3-1 | Map outfalls greater than 15" in Urbanized Area (Year 2) | | |
| 3-2 | Map outfalls greater than 15" in town-wide (Year 3) | | |
| 3-3 | Map outfalls greater than 12" in Urbanized Area (Year 4) | | |
| 3-4 | Develop program to detect and eliminate illicit discharges | | |
| 3-5 | Develop illicit discharge ordinance | | |
| 3-6 | | | |
| 3-7 | | | |
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| BMP ID | Construction Site Runoff Control | Responsible Dept. or Person | Measurable Goal |
|-----------|--------------------------------------------------------------------------------------|--------------------------------|------------------|
| 4-1 | Review land use regulations to meet requirements of MS4 permit and E&S Guidelines | Dopti of Forcon | mododi dolo Codi |
| 4-2 | Troviow land doe regulations to most requirements of the 1 permit and 2 de editember | | |
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| BMP ID | Post Construction Runoff Control | Responsible Dept. or Person | Measurable Goal |
| 5-1 | Review land use regulations to meet requirements of MS4 permit and E&S Guidelines | • | |
| 5-2 | Develop post-construction ordinance or regulation | | |
| 5-3 | Develop and implement post-construction BMP strategy | | |
| 5-4 | Develop program to ensure long-term operation and maintenance of BMPs | | |
| 5-5 | | | |
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| BMP ID | Good Housekeeping | Responsible Dept. or Person | Measurable Goal |
| 6-1 | Develop training program for municipal employees | | |
| 6-2 | Sweep streets at least once a year as soon as possible after snowmelt | | |
| 6-3 | Evaluate Urbanized Area for possible sweeping more than once a year | | |
| 6-4 | Develop program to evaluate and clean stormwater structures at least once a year | | |
| 6-5 | Develop program to evaluate and prioritize system for upgrade and/or repair | | |
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| BMP ID | Monitoring | Responsible Dept. or Person | Measurable Goal |
| S-1 | Sample 6 outfalls once a year | | |
| S-2 | | | |

Part VIA: Best Management Practice Timeline

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| BMP ID | Spring Sur 2004 2 | mmer | Fall | Winter | Spring | Summer | Fall | Winter | Spring | Summer | Fall | Winter | Spring | Summer 2007 | Fall | Winter | Spring | Summer | Fall | Winter | Next Permit |
| | | | 2004 | 2004-05 | 2005 | 2005 | 2005 | 2005-06 | 2006 | 2006 | 2006 | 2006-07 | 2007 | 2007 | 2007 | 2007-08 | 2008 | 2008 | 2008 | 2008-09 | remin |
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Part VIB: Sample Best Management Practice Timeline

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| BMP ID | Spring | Summer | Fall | Winter | Spring | Summer | Fall | Winter | Spring | Summer | Fall | Winter | Spring | Summer | Fall | Winter | Spring | Summer | Fall | Winter | Next Permit |
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